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PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: J. P. Mondt
ISAO KOBAYASHI ET AL.)	
	:	Group Art Unit: 2826
Application No.: 09/842,694)	
	:	
Filed: April 27, 2001)	
	:	
For: PHOTOELECTRIC CONVERTER,)	
METHOD FOR DRIVING	:	
PHOTOELECTRIC CONVERTER AND)	
SYSTEM HAVING PHOTOELECTRIC	:	
CONVERTER)	March 31, 2004

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated December 31, 2003, Applicants respectfully request that the above-identified application be amended as follows. The claim amendments are reflected in the listing that begins at page 2. The Remarks begin at page 7.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 31, 2004

(Date of Deposit)

PETER G. THURLOW (Reg. No. 47,138)

(Name of Attorney for Applicants)

Peter G. Thurlow
Signature

March 31, 2004

Date of Signature

In re Application of:

ISAO KOBAYASHI ET AL.

Application No.: 09/842,694

Filed: April 27, 2001

For: PHOTOELECTRIC CONVERTER,
METHOD FOR DRIVING
PHOTOELECTRIC CONVERTER AND
SYSTEM HAVING PHOTOELECTRIC
CONVERTER

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	2	MINUS	*** 3	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Peter G. Thunhor
Attorney for Applicants

Registration No. 47,138

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

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